

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U-12343	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Forrest T Johnson P.O. Box, Bldg., Room No., if any Street 1007 Jonelle Street City Dallas State Texas ZIP Code + 4 75217-5044	4. Name, file number, and address of labor organization. Name International Brotherhood of Teamsters Labor Organization File Number 000-093 P.O. Box, Building and Room Number, if any Street 25 Louisiana Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20001-2198
5. Position in labor organization. Southern Region Vice President & National Freight Director	

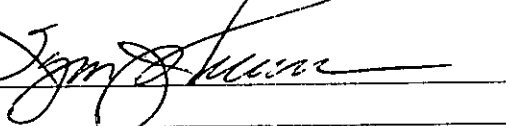
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. -0-

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/13/05
Date

(214) 398-0661

Telephone Number

Name of Person Filing Forrest Johnson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Southern Region of Teamsters Pension Trust Fund</p> <p>Trade Name, if any Southern Region of Teamsters Pension Plan</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8441 Gulf Freeway, Suite 504</p> <p>City Houston</p> <p>State Texas ZIP Code + 4 77017-5066</p>	<p>9. Business deals with:</p> <p style="padding-left: 20px;">a. Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Southern Region of Teamsters Pension Trust Fund</p> <p>Trade Name, if any Southern Region of Teamsters Pension Plan</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8441 Gulf Freeway, Suite 504</p> <p>City Houston</p> <p>State Texas ZIP Code + 4 77017-5066</p>	<p>11.a. Nature of such dealing</p> <p>Trustee of Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received</p> <p>Trustee Expenses Paid by Trust (Meals, Lodging, etc.)</p>
	<p>12.b. Amount. \$1,783.37</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. - 0 -</p>

August 11, 2005

Via Certified Mail/RRR

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

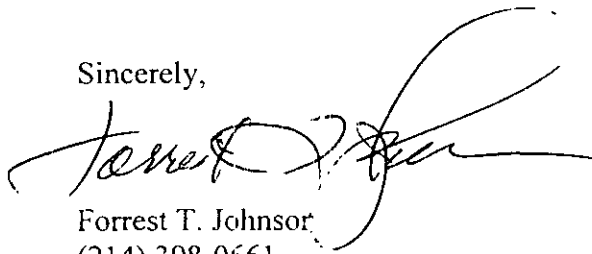
Re: Form LM-30

Dear Sir or Madam:

Please find enclosed the completed original Form LM-30 to be filed with the U.S. Department of Labor.

Thank you for your assistance. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Forrest T. Johnson", with a large, sweeping flourish extending from the end of the signature.

Forrest T. Johnson
(214) 398-0661